REST HAVEN HEALTH CARE CENTER, LLC

7672 WEST MINERAL POINT ROAD

VERONA 53593	Phone: (608) 833-1691		Ownership:	Limited Liability Company
Operated from 1/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with	Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and St	caffed (12/31/02):	21	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity	(12/31/02):	21	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31	1/02:	21	Average Daily Census:	20
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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/02) %				
Home Health Care Supp. Home Care-Personal Care	No No	 Primary Diagnosis	%	Age Groups	િ ફ		23.8 71.4
Supp. Home Care-Household Services	No	 Developmental Disabilities		 Under 65	0.0	•	4.8
Day Services	No	Mental Illness (Org./Psy)	28.6	•	4.8	•	
Respite Care	No	Mental Illness (Other)	9.5	75 - 84	33.3		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	42.9	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	4.8	95 & Over	19.0	Full-Time Equivaler	nt
Congregate Meals	Yes	Cancer	0.0			Nursing Staff per 100 Re	esidents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	19.0	65 & Over	100.0		
Transportation	No	Cerebrovascular	0.0			RNs	10.5
Referral Service	No	Diabetes	9.5	Sex	8	LPNs	16.8
Other Services	No	Respiratory	9.5			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	19.0	Male	38.1	Aides, & Orderlies	35.5
Mentally Ill	No			Female	61.9		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		

Method of Reimbursement

	Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care			Managed Care								
Level of Care	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	00	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	90	Per Diem (\$)	Total Resi- dents	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	9	100.0	126	0	0.0	0	10	83.3	157	0	0.0	0	0	0.0	0	19	90.5
Intermediate				0	0.0	0	0	0.0	0	2	16.7	165	0	0.0	0	0	0.0	0	2	9.5
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		9	100.0		0	0.0		12	100.0		0	0.0		0	0.0		21	100.0

REST HAVEN HEALTH CARE CENTER, LLC

*******	*****	******	*****	*****	*****	******	******						
Admissions, Discharges, and		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02											
Deaths During Reporting Period													
					% Needing		Total						
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of						
Private Home/No Home Health	6.3	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents						
Private Home/With Home Health	6.3	Bathing	0.0		90.5	9.5	21						
Other Nursing Homes	6.3	Dressing	4.8		90.5	4.8	21						
Acute Care Hospitals	62.5	Transferring	33.3		42.9	23.8	21						
Psych. HospMR/DD Facilities	0.0	Toilet Use	28.6		47.6	23.8	21						
Rehabilitation Hospitals	0.0	Eating	76.2		23.8	0.0	21						
Other Locations	18.8	*****	******	*****	*****	******	*****						
Total Number of Admissions	16	Continence		용	Special Treatme	ents	%						
Percent Discharges To:	1	Indwelling Or Extern	nal Catheter	4.8	Receiving Re	spiratory Care	0.0						
Private Home/No Home Health	0.0	Occ/Freq. Incontinen	nt of Bladder	71.4	Receiving Tra	acheostomy Care	0.0						
Private Home/With Home Health	46.2	Occ/Freq. Incontinen	nt of Bowel	14.3	Receiving Su	ctioning	0.0						
Other Nursing Homes	0.0				Receiving Os	tomy Care	4.8						
Acute Care Hospitals	23.1	Mobility			Receiving Tul	be Feeding	0.0						
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Me	chanically Altered Diets	14.3						
Rehabilitation Hospitals	0.0												
Other Locations	7.7	Skin Care			Other Resident	Characteristics							
Deaths	23.1	With Pressure Sores		9.5	Have Advance	Directives	90.5						
Total Number of Discharges		With Rashes		4.8	Medications								
(Including Deaths)	13				Receiving Ps	ychoactive Drugs	76.2						

		Owne	ership:		Size:		ensure:					
	This	Prop	prietary	Und	er 50	Ski	lled	Al	1			
	Facility	Peer	Group	Peer Group		Peer	Group	Faci	lities			
	90	90	Ratio	90	Ratio	olo	Ratio	ଚ	Ratio			
Occupancy Rate: Average Daily Census/Licensed Be	ds 95.2	84.7	1.12	84.3	1.13	85.3	1.12	85.1	1.12			
Current Residents from In-County	95.2	81.6	1.17	74.1	1.29	81.5	1.17	76.6	1.24			
Admissions from In-County, Still Residing	31.3	17.8	1.76	26.0	1.20	20.4	1.53	20.3	1.54			
Admissions/Average Daily Census	80.0	184.4	0.43	97.7	0.82	146.1	0.55	133.4	0.60			
Discharges/Average Daily Census	65.0	183.9	0.35	97.5	0.67	147.5	0.44	135.3	0.48			
Discharges To Private Residence/Average Daily Ce	nsus 30.0	84.7	0.35	33.1	0.91	63.3	0.47	56.6	0.53			
Residents Receiving Skilled Care	90.5	93.2	0.97	94.6	0.96	92.4	0.98	86.3	1.05			
Residents Aged 65 and Older	100	92.7	1.08	98.3	1.02	92.0	1.09	87.7	1.14			
Title 19 (Medicaid) Funded Residents	42.9	62.8	0.68	57.5	0.75	63.6	0.67	67.5	0.64			
Private Pay Funded Residents	57.1	21.6	2.65	36.6	1.56	24.0	2.38	21.0	2.72			
Developmentally Disabled Residents	0.0	0.8	0.00	0.8	0.00	1.2	0.00	7.1	0.00			
Mentally Ill Residents	38.1	29.3	1.30	34.4	1.11	36.2	1.05	33.3	1.14			
General Medical Service Residents	19.0	24.7	0.77	17.7	1.07	22.5	0.85	20.5	0.93			
Impaired ADL (Mean)	43.8	48.5	0.90	49.4	0.89	49.3	0.89	49.3	0.89			
Psychological Problems	76.2	52.3	1.46	50.4	1.51	54.7	1.39	54.0	1.41			
Nursing Care Required (Mean)	4.2	6.8	0.62	7.2	0.58	6.7	0.62	7.2	0.58			